File with: lowa Ethics and Campaign Disclosure Board 510 E. 12<sup>th</sup>, Ste. 1A Des Moines, Iowa 50319

# Reset Form

6,294.25

11,972.42

800.00

NO



FOR INSTRUCTIONS, SEE BACK OF FORM Fax: 515-281-4073 DISCLOSURE SUMMARY PAGE COMMITTEE NAME (Must be same as on Statement of Organization) AM 9: 19 Committee To Elect Lisa Heddens **FORM** DR-2 DISCLOSURE IMPORTANT: Indicate by # type of committee you are reporting for: 1 (Rev. 07/2007) (1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party REPORT (4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC ( For Office Use Only 11 ) Local Ballot Issue Comm. # CANDIDATE COMMITTEES ONLY: Logged In Candidate Name Political Party (if applicable) Scanned Lisa Heddens Democrat Computer Office Sought District (if Senate or House) Audited State House of Representatives reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a SIGNATURE OF PERSON FILING REPORT May 19, 2008 I AM FILING A REPORT FOR (1) ELECTION /(2)NON-ELECTION YEAR. (report date) Indicate by # 1 ☐CHECK IF AMENDMENT TO REPORT DATED Local Committees, enter Date of Election ☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3. County & Local Committees, enter County in (You must continue to file reports until a DR-3 is filed.) which Election is held STATEMENT OF CASH ON HAND CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end 16,191.67 of the last reporting period or must be zero if this is first report filed.) ......\$ ADD TOTAL MONEY TAKEN IN THIS PERIOD 2,075.00 Schedule A: Cash Contributions total (Attach Schedule A) (\*also see in-kind below) ..... Schedule F: Loans Received total (Attach Schedule F) Schedule H: Total Sales of Campaign Property (Attach Schedule H)..... (Schedule H applies to Candidates' Committees Only) 18,266.67 SUB-TOTAL.....\$

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (\*\*also see debts and loans below)......

Schedule F: Loan Repayments total (Attach Schedule F).....

CASH ON HAND at the end of this reporting period (if final report balance must be zero) ......\$

\*\*UNPAID BILLS (From Schedule D - Attach Schedule D).....\$ \*IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) ......\$

\*\*OUTSTANDING LOANS (From Schedule F - Attach Schedule F).....\$ CONSULTANT BREAKDOWN (Schedule G Attached?)

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

### For Instructions, See Back of Form

#### **CONTRIBUTIONS -- MONEY TAKEN IN**

(Including candidate's personal funds)	(Rev. 07/03)	RECEIPTS
COMMITTEE NAME (Must be same as on Statement of Organization)		CK THIS BOX IF
Committee To Elect Lisa Heddens		

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

**CAUTION:** Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
01/05/08	ID# <sub>6078</sub> CK# <sub>1681</sub>	Iowa Physical Therapy PAC 8533 University Blvd, Ste K Clive, IA 50325-1162		\$25.00	
01/07/08	ID# 8519 CK# 3767	Chicago and Norhteast Ill., Dist. Co. of Carpenters 12 East Erie St Chicago, IL 60601		500.00	
01/10/08	1D# 6291 CK# 2614	IHA PAC 100 E Grand, Ste 100 Des Moines, IA 50309		1000.00	
01/11/08	ID# 6001 CK# 4570000166	Allied Group and Farmland PAC 1100 Locust St, Dept 1100 Des Moines, IA 50391-1100		250.00	
01/12/08	ID# CK# <sub>3718</sub>	Anne Gruenewald 1412 Arthur Dr Ames, IA 50010-5118		50.00	
01/12/08	ID# CK# 1060	Stephanie D Johnson 1945 Andrews Dr Pleasant Hill, IA 50327-0913		10.00	
01/12/08	CK# <sub>1154</sub>	Nancy Feauto 510 Glass St Oakland, IA 51560		5.00	
01/12/08	ID# CK# <sub>867</sub>	Duane Obbink 3021 Fillmore Ave Rock Valley, IA 51247		25.00	
01/12/08	ID# CK# 1062	Stephanie D Johnson 1945 Andrews Dr Pleasant Hill, IA 50327-0913		10.00	
05/07/08	ID# CK# 4345	Shirley A. Davis 1646 X Ave Ames, IA 50014		200.00	
			SUB-TOTAL	\$ 2075.00	

TOTAL (if last page of this schedule)

Page 1 of 1 (for Schedule A)

2075.00

SCHEDULE

**MONETARY** 

Reset Form

<sup>\*</sup> Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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	PERMIT

## EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
	CK THIS BOX IF

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee To Elect Lisa Heddens

DATE	CANDIDATE ID NUMBER	NAME AND ADDRESS TO WHOM	PURPOSE	AMOUNT
EXPENDED (MM/DD/YR)	(if applicable) AND PAC CHECK	EXPENDITURE (Disbursement) WAS MADE	(DESCRIBE TRANSACTION)	EXPENDED
	NUMBER ID#			
01/02/08	CK#1228	Risco Storage	Storage space rental	\$ 294.25
	ID#	House Truman Fund	Contribution	
02/11/08	CK# <sub>1229</sub>			5000.00
	ID#	IDP	Van	
02/11/08	CK# 1230			1000.00
	ID#			
	CK#			
	ID#			
	CK#		·	
	ID#			
	CK#			
	ID#			
	CK#			
	ID#			
	CK#			
	3		SUB-TOTAL	\$ 6294.25
			TOTAL (if last page of this schedule)	\$ 6294.25

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

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Page	•	of _^

MMITTER NAME(Must be same as on Statement of Organization)  mimittee To Elect Lisa Heddens  TE: This schedule reports money loaned to the committee which is deposited in the committee account.  TE: This schedule reports money loaned to the committee which is deposited in the committee account.  TAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 800.00  RT I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD (Original source of from, such as a braint, must be shown if a third party is involved. Include loans from candidate's personal funds.)  DATE RECEIVED (Include Endorser's Name, if Applicable)  TOTAL (PART II)  S	R INSTRUCTIONS, SE		RESET	SCHEDULE	
TOTAL CASH REPAYMENTS (PART II)  CHECK THIS RAMOUNT REPAYMENTS MADE THIS REPORTING PERIOD  (Include Endorser's Name, if Applicable)  TOTAL CASH REPAYMENTS (PART II)  S  TOTAL CASH REPAYMENTS (PART II)  \$		•		(Rev. 02/08) R	RECE
DATE RECEIVED (Include Endorser's Name, If Applicable)  TOTAL (PART I)  NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)  TOTAL (PART I)  NATI II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD (Loans forgiven must be reported on Schedule E – In-kind Continuations.)  DATE PAID (Include Endorser's Name, If Applicable)  AMOUNT REPAID (MM/DD/YR) (Include Endorser's Name, If Applicable)  TOTAL CASH REPAYMENTS (PART II)  \$	TAL UNPAID LOANS I	FROM <u>LAST</u> REPORTING PERIOD \$ 800.00		AMENDING	FOF
(IMMODOYR)  TOTAL (PART I)  TOTAL (PART I)  S  TOTAL (PART II)  AMOUNT REPAID (Include Endorser's Name, If Applicable)  TOTAL CASH REPAYMENTS (PART II)  TOTAL CASH REPAYMENTS (PART II)  S	DATE	NAME AND ADDRESS OF LENDER	RELATIONSHIP TO	AMOUNT OF L	
TOTAL (PART I)  S  NAT II - MONETARY LOAN REPAYMENTS MADE IHIS REPORTING PERIOD (Loans forgiven must be reported on Schedule E - In-kind Contributions.)  DATE PAID NAME AND ADDRESS OF LENDER (MM/DD/YR) (Include Endorser's Name, If Applicable)  S  TOTAL CASH REPAYMENTS (PART II)  \$		(include chooser's Name, if Applicable)	CANDIDATE (If Applica		
AMOUNT REPAID (Loans forgiven must be reported on Schedule E – In-kind Contributions.)  DATE PAID (MM/DD/YR)  NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)  RELATIONSHIP TO CANDIDATE* (If Applicable)  \$  TOTAL CASH REPAYMENTS (PART II)  \$				\$	
RT II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD (Loans forgiven must be reported on Schedule E - In-kind Contributions.)  DATE PAID  NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)  RELATIONSHIP TO CANDIDATE* (If Applicable)  \$  TOTAL CASH REPAYMENTS (PART II)  \$					
RT II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD (Loans forgiven must be reported on Schedule E - In-kind Contributions.)  DATE PAID  NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)  RELATIONSHIP TO CANDIDATE* (If Applicable)  \$  TOTAL CASH REPAYMENTS (PART II)  \$					<u></u>
(MM/DD/YR) (Include Endorser's Name, If Applicable) \$  \$  TOTAL CASH REPAYMENTS (PART II) \$					
TOTAL CASH REPAYMENTS (PART II)  \$	RT II - MONETARY L (Loans forgive)	LOAN REPAYMENTS MADE <u>THIS</u> REPORTING PERION IN THE PERION	) D	\$	
TOTAL CASH REPAYMENTS (PART II) \$	(Loans forgive	n must be reported on Schedule E In-kind Contributions	D .)		AID
	(Loans forgiver	n must be reported on Schedule E In-kind Contributions  NAME AND ADDRESS OF LENDER	D .) RELATIONSHIP TO	AMOUNT REP	AID
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	(Loans forgiver	n must be reported on Schedule E In-kind Contributions  NAME AND ADDRESS OF LENDER	D .) RELATIONSHIP TO	AMOUNT REP	AID
	(Loans forgiver	n must be reported on Schedule E In-kind Contributions  NAME AND ADDRESS OF LENDER	D .) RELATIONSHIP TO	AMOUNT REP	AID
From Schedule E - TOTAL LOANS FORGIVEN \$	(Loans forgiver	n must be reported on Schedule E In-kind Contributions  NAME AND ADDRESS OF LENDER	D .) RELATIONSHIP TO	AMOUNT REP	AID
	(Loans forgiver	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Application	AMOUNT REP	AID

\*Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If sumame of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column when it applies.

Page 1 of 1 (for Schedule F)